Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective January 1, 2003                                                                                                                                                                                                                                                                                           |                                                                                       |                                           |                                       |                               |              |                  |                |     |                        |    |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------|--------------|------------------|----------------|-----|------------------------|----|---------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                     |                                                                                       | mn 2)                                     | SMALI<br>TYPE                         | L EN                          | NTITY        | OR               | OTHER<br>SMALL |     |                        |    |                     |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                                                       |                                           | - 9                                   |                               |              |                  | RAT            | Ε   | FEE                    | 1  | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                           | NUMBER FILED                          |                               | NUMBER EXTRA |                  | BASIC          | FEE | 375.00                 | OR | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                                                       |                                           | 9 minus 20=                           |                               | *            |                  | X\$ 9          | )=  |                        | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                                                       |                                           | ි minus 3 =                           |                               | *            |                  | X42            | =   |                        | OR | X84=                |                        |
| ML                                                                                                                                                                                                                                                                                                                  | ILTIPLE DEPEN                                                                         | IDENT CLAIM P                             | RESENT                                |                               |              |                  | +140           | )=  |                        | OR | +280=               | _                      |
| * If                                                                                                                                                                                                                                                                                                                | the difference                                                                        | in column 1 is                            | less than zero, enter "0" in column 2 |                               |              | olumn 2          | TOTA           | ٩L  | 35 (-                  | OR | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                                                     | С                                                                                     | LAIMS AS A                                | MENDED                                | MENDED - PART II              |              |                  |                |     | <del></del>            | ]  | OTHER               | THAN                   |
| (Column 1)                                                                                                                                                                                                                                                                                                          |                                                                                       |                                           |                                       | (Colur                        |              | (Column 3)       | Column 3) SMAL |     |                        | OR | SMALL               | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | RAT            | E   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus                                 | **                            |              | =                | X\$ 9          | )=  |                        | OR | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent *                                                                         |                                           | Minus ***                             |                               | <u> </u>     | =                | X42            | =   |                        | OR | X84=                |                        |
| L                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CI                                           |                                           |                                       |                               |              |                  | +140           | )=  |                        | OR | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                     | 27 - 49 5.03                                                                          |                                           |                                       |                               |              |                  |                | TAL |                        |    | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       | (Column 3)                                | ADDIT. I                              | -66 (                         |              |                  | ADDII. FEE     |     |                        |    |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | RAT            | E   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus                                 | **                            |              | =                | X\$ 9          | =   |                        | OR | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                           | * NTATION OF M                            | Minus                                 | ***                           | CLAIM        |                  | X42            | =   |                        | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                                                                       |                                           |                                       |                               |              |                  |                | =   |                        | OR | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           |                                       |                               |              |                  |                | TAL |                        | OR | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                                                       |                                           |                                       |                               |              |                  |                |     |                        |    |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATI           | E   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus                                 | **                            |              | =                | X\$ 9          | =   |                        | OR | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                           | *                                         | Minus                                 | ***                           |              | =                | X42:           | _   |                        | OR | X84=                |                        |
| Ľ                                                                                                                                                                                                                                                                                                                   | FIRST PRESE                                                                           | NTATION OF M                              | ILTIPLE DEPENDENT                     |                               | CLAIM        |                  | +140           | -   |                        |    |                     |                        |
|                                                                                                                                                                                                                                                                                                                     | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                                       |                               |              |                  |                |     |                        | OR | +280=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                           |                                       |                               |              |                  |                |     |                        |    |                     |                        |